INSANITY IN BYZANTINE AND ISLAMIC MEDICINE[1]

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The only detailed description of an early Islamic hospital is the account of the hospital founded by Aḥmad ibn Ṭūlūn in Egypt about A.D. 873. It was located near his famous mosque that still stands in the southern quarter of Cairo. By the early fifteenth century, however, no trace of the hospital had survived. Ibn Ṭūlūn apparently took a keen interest in his *māristān*, or hospital, generously endowing it and carefully stipulating its operation. The well-known Egyptian chronicler al-Maqrīzī tells us that the ruler came periodically to the hospital to inspect it and to see the patients, including the insane who were confined there. Al-Maqrīzī says:

> Once he entered the hospital and stopped before one of the madmen who was shackled, and the madman shouted out to him: "Oh Amir, hear my words: I am not mad as you think, for I only acted that way as a ruse. I have a strong desire in my heart for a large pomegranate." So the governor ordered one for him immediately, and the man was delighted with it, tossing it in his hand and weighing it. Then, the madman, taking Ibn Ṭūlūn by surprise, threw the pomegranate at him. It splattered over his clothes, covering his entire chest. Thereupon, Ibn Ṭūlūn ordered them to guard the madman, and the governor did not return again after that incident to inspect the *māristān*.[2]

[The reader is referred to the list of abbreviations at the end of the volume.]

[1] For bibliographical references on this subject, I have relied on the following: H. Hunger, "Medizin," 287–320; and M. Ullmann, *Medizin*.

[2] Al-Maqrīzī, *al-Khiṭaṭ*, II (Būlāq, 1854), 405 f. Does the pomegranate symbolize the discontent of an overcrowded place? F. Rosenthal, *The Muslim Concept of Freedom* (Leiden, 1960), 76 f. quotes the verses of Ibn al-Muʿtazz:

> Many a house did I visit where I felt
> Crowded as if I were in a prison.
> Only a pomegranate knows to jam seeds into its skin
> As tightly as we (human beings) do.

Rosenthal adds that the pomegranate could be used as a metaphor for the greatest possible state of misery. Concerning the Islamic hospital, see below.

The vivid story of Ibn Ṭūlūn and the madman may be apocryphal, but there can be little doubt that hospitals were established in the Islamic empire from the early ninth century A.D., and that they provided care for the insane. These hospitals were a concrete expression of the Islamic indebtedness to Byzantine medical theory and therapeutics, for Islamic rulers clearly adopted the Byzantine institution of the hospital, and Islamic doctors clearly relied on Byzantine medical texts, especially for their interpretation of insanity. The fact that the insane received special attention in the Islamic hospitals, however, raises a number of questions about the understanding of insanity in both Byzantine and Islamic societies.[3]

[3] The literature on the history of the hospital is considerable. For the Byzantine hospital, see the following: D. J. Constantelos, *Byzantine Philanthropy and Social Welfare* (New Brunswick, N.J., 1968); A. Philipsborn, "Les premiere hôpitaux au moyen age (Orient et Occident)," *Nouvelle Clio*, 6 (1954), 137–63; *idem*, "Der Fortschritt in der Entwicklung des byzantinischen Krankenhauswesens," *BZ*, 54 (1961), 338–65; E. Jeanselme and L. Oeconomos, *Les oeuvres d'assistance et les hôpitaux byzantins au siècle des Comnènes* (Anvers, 1921); G. Rosen, "The Hospital: Historical Sociology of a Community Institution," in *The Hospital in Modern Society*, ed. E. Freidson (London, 1963), 1–36; G. Schreiber, "Byzantinisches und abendländisches Hospital zur Spitalordnung des Pantokrator und zur byzantinischen Medizin," *BZ*, 42 (1943–49), 37–76; G. E. Gask and J. Todd, "The Origin of Hospitals," in *Science, Medicine and History: Essays on the Evolution of Scientific Thought and Practice*, ed. E. A. Underwood, I (Oxford, 1953), 122–30; K. Sudhoff, "Aus der Geschichte des Krankenhauswesens im früheren Mittelalter im Morgenland und Abendland," *SA*, 21 (1929), 164–203; E. Wickersheimer, *Les édifices hospitaliers à travers les ages* (Paris, 1953). For the Islamic hospital, see the following: Aḥmad ʿĪsā, *Histoire des Bimaristans (hôpitaux) à l'époque islamique* (Cairo, 1928), and his revised and enlarged edition of this work, *Taʾrīkh al-bīmāristānāt fī l-islām* (Damascus, 1939); al-Bayān, *ad-Dustūr al-bīmāristān (Le formulaire des hôpitaux d'Ibn Abil Bayan, mêdecin du bimaristan an-Nacery au Caire au XIII^e siècle)*, ed. P. Sbath, in *BIE*, 15 (1932–33), 13–78; E. L. Bertherand, *De la création des hôpitaux arabes* (Algiers, 1849); D. Brandenburg, "Die alten islamischen Krankenhäuser in Kairo," *Forschung, Praxis, Fortbildung* (Berlin), 18 (1967), 524–30; J. Bravo, "Los hospitales en nuestra época musulmana," *Actas X. cong. intern. d'hist. méd.*, I (1935), 13 f., II (1935), 74–81; R. F. Bridgman, "Evolution compareé de l'organisation hospitalière en Europe et en pays d' Islam, influences mutuelles au

Before proceeding to the specific issues of medical theory and practice in the medieval Near East, I want to be as clear as possible about the subject. I have interpreted medicine and insanity in the widest sense. It would be very helpful to be able to define insanity concisely, but that is no easy matter, and the lack of precision seriously complicates the historical study of the topic.[4] First of all, we possess a very imperfect understanding of insanity today, so that we cannot confidently look into the past and clearly distinguish the various forms of insanity, as we can do for many physical illnesses. Mental illness is today a controversial subject, and some would argue that it is neither mental nor an illness. Perhaps the virtue of our ignorance is a greater empathy for those who had to grapple with the problem in the past. In any case, it seems best to define insanity as any behavior that is judged to be abnormal or extraordinary by a social group at a specific time and place. Within the wide spectrum of human behavior, members of any society set boundaries to what they believe to be acceptable or permissible behavior. This judgment depends generally on the degree to which an individual's behavior is disturbed and the attitudes of his or her social group toward those actions.[5]

To add to the complexity of the subject, culturally defined categories of abnormality shape the afflicted person's version of his inner experience and others' reports of his behavior. There is, then, a complex dialectical relationship between the reports of the experiences and symptoms of the mentally ill, the cultural categories of mental disturbances, and the theories of the practitioner and observer.[6] A good example in our period is the Saints' Lives, which may have gone a long way in creating such culturally shared categories.

The saints, especially the holy fools, in Byzantine and Islamic societies might be considered potential prophets—or dangerous lunatics.[7] Disturbed behavior usually poses a threat, so that some degree of fear has always influenced the social response to madness. George Rosen has shown how this fear was allayed by socially sanctioned forms of behavior in ancient Israel; abnormal behavior was channeled into religious rites. Prophecy, particularly, was a major and exceptional accommodation to individual deviancy. "The prophet was allowed to act as he wished even if some mocked

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moyen-âge et à la renaissance," *Atti. Primo Congresso Europeo di Storia Ospitaliana* (Reggio Emilia, 1960), 229–339; *idem, L'Hôpital et la Cité* (Paris, 1963), 57–60; E. G. Browne, *Arabian Medicine* (Cambridge, 1962 rep.), 45 f., 56, 101 f.; J. C. Bürgel, "Secular and Religious Features of Medieval Arabic Medicine," in *Asian Medical Systems: A Comparative Study*, ed. C. Leslie (Berkeley, 1976), 44–62; M. Desruelles and H. Bersot, "L'Assistence aux aliénés chez les arabes du VIII[e] au XII[e] siècle," *Annales medico-psychologiques*, 96 (1938), 689–709; C. Elgood, *A Medical History of Persia* (Cambridge, 1951), *s.v.* "hospitals"; *idem, Safavid Medical Practice* (London, 1970 rep.), 27–29; *EI*[2], *s.v.* "Bīmāristān" (Dunlop, Colin, and Şehsuvaroğlu), "Gondēshāpūr" (Huart and Sayili); S. K. Hamarneh, "Development of Hospitals in Islam," *JHM*, 17 (1962), 366–81; *idem*, "Medical Education and Practice in Medieval Islam," in *The History of Medical Education*, ed. C. D. O'Malley (Berkeley, 1970), 39–71; *idem*, "Some Aspects of Medical Practice and Institutions in Medieval Islam," *Episteme*, 7 (1973), 15–31; F. R. Hau "Die Bildung des Arztes im islamischen Mittelalter," *Clio Medica*, 13 (1978), 95–123, 175–200; 14 (1979), 7–25; D. Jetter, *Grundzüge der Hospitalgeschichte* (Darmstadt, 1973), 21–24; *idem*, "Hospitalgebäude in Spanien," *SA*, 44 (1960), 239–58; *idem*, "Zur Architektur islamischer Krankenhäusen," *SA*, 45 (1961), 261–73; *idem, Geschichte des Hospitals*, IV, *Spanien, von den Anfängen bis um 1500* (Wiesbaden, 1980); L. Leclerc, *Histoire de la médecine arabe*, I (Paris, 1876), 557–72; M. Levey, "Medieval Muslim Hospitals: Administration and Procedures," *Journal of the Albert Einstein Medical Center*, 10 (1962), 120–27; M. Meyerhof, "Von Alexandrien nach Baghdad," SBBerl, phil.- hist. kl., 23 (1930), 389–429; L. Torres Balbás, "El Māristān de Granada," *al-Andalus*, 9 (1944), 481–500; H. F. Wüstenfeld, "Macrizi's Beschreibung der Hospitäler in el-Câhira," *Janus*, 1 (1846), 28–39, Arabic text, i-viii; E. Bay, *Islamische Krankenhäuser im Mittelalter unter besonderer Berücksichtigung der Psychiatrie* (Diss., Medical Faculty, University of Düsseldorf, 1967); A. Terzioğlu, "Mittelalterliche islamische Krankenhäuser," *Annales Univ. Ankara*, 13 (1974), 47–76; *idem, Mittelalterliche islamische Krankenhäuser unter Berücksichtigung der Frage nach den ältesten psychiatrischen Anstalten* (Diss., Faculty of Architecture, Technical University, Berlin, 1968).

[4] See G. Mora and J. L. Brand, eds., *Psychiatry and Its History* (Springfield, Ill., 1976).

[5] G. Rosen, *Madness in Society, Chapters in the Historical Sociology of Mental Illness* (New York, 1969), 90. I have not considered in this paper the issue of group or collective hysteria; see, however, my remarks in *The Black Death in the Middle East* (Princeton, 1977), 24 *et passim*, and the tantalizing description of "madness" in Amida in 560 A.D. in Susan Ashbrook, "Asceticism in Adversity: An Early Byzantine Experience," *BMGS*, 6 (1980), 3f.

[6] See Ihsan Al-Issa, "Social and Cultural Aspects of Hallucination," *Psychological Bulletin*, 84 (1977), 570–87, which examines one aspect of mental illness with a sensitivity to its social context.

[7] On the phenomenon of the holy fool or holy wild man, see: W. S. Green, "Palestinian Holy Men: Charismatic Leadership and Rabbinic Tradition," *ANRW*, 19:2 (Berlin/New York, 1979), 619–47 for the historical background; P. Brown, "The Rise and Function of the Holy Man in Late Antiquity," in his *Society and the Holy in Late Antiquity* (Berkeley, 1982), 166–95; H. Petzold, "Zur Frömmigkeit der heiligen Narren," *Die Einheit der Kirche, Festgabe P. Meinhold* (Wiesbaden, 1977), 140–53; Penelope B. R. Doob, *Nebuchadnessar's Children: Conventions of Madness in Middle English Literature* (New Haven, 1974), chap. 4; L. Rydén, "The Holy Fool," in *The Byzantine Saint*, ed. S. Hackel, *Studies Supplementary to Sobornost*, 5 (London, 1981), 106–13; A. Y. Syrkin, "On the Behavior of the 'Fools for Christ's Sake,'" *History of Religions*, 22 (1982), 150–71; also, E. Benz, "Heilige Narrheit," *Kyrios*, 3 (1938), 1–55. The Islamic *majthūb* appears closer to the Hindu mystical tradition than does the Christian "holy fool" in Syrkin's study of the latter. The holy fool in Islamic society has not been adequately studied; see, however, A. Bausani, "Note sul 'Pazzo Sacro' nell'Islam," *StMSR*, 29 (1958), 93–107, and note 105 below.

him and others considered him mad, as long as what he said and did were not sufficiently threatening."[8] This view of Old Testament prophecy applies quite well to the life of Jesus. In the same Hebraic tradition, the abnormal inspirational states of Muhammad are understood by Muslims as signs of unquestionable prophecy.[9] Medieval saints were seen, and saw themselves, in the light of this potent legacy.

Mental illness is, then, more intimately dependent on social attitudes and beliefs than is physical illness, and this social context largely determines the care and treatment of the mentally ill. Moreover, in most societies there is more than one view of mental disturbance and its treatment. As we shall see, there were in Byzantine and Islamic societies contending notions about insanity. It is a very untidy picture, in which there was no single socially chartered therapeutic system with final authority.[10]

The recent work of Peter Brown on Byzantine hagiography, however, suggests a useful conceptualization of medieval medicine. The bewildering diversity of medical beliefs and practices is evidence of the pluralism of pre-modern medicine and, particularly in the case of mental illness, the diversity is a direct reflection of its historical circumstances. It is interesting to note that insanity is one of the few areas in modern medicine that still retains strongly this pluralistic approach. In any case, I would like to push this view of medical pluralism much further. Briefly, I envision medieval pluralism as encompassing three ranges or spectra, which might be termed intellectual, sociological, and somatic or behavioral. The first is a continuum that runs from the strictly naturalistic explanation and treatment of health and illness to the strictly supernaturalistic. The second range represents roughly the continuum of an individual's social status based on wealth, education, religion, family, etc. And the third represents the range between an individual's health and illness; regarding insanity, it is a continuum between what was deemed normal and abnormal behavior.[11] The intersection of these planes is the point where a decision about medical treatment is made. The model is not static due, particularly, to the variance between health and illness; nor is the medical decision exclusive, for successive judgments could be made that entailed concurrent but heterogeneous treatments. Despite some difficulties with this theoretical construct, it is a helpful framework for interpreting the historical evidence. There seem to me to be three distinct advantages in such a framework. First, it places medicine squarely in its social context as a malleable craft and emphasizes the role of the patient, rather than the doctor, in the determination of medical treatment(s).[12] Second, it avoids the mistaken notion that naturalistic medicine was the exclusive preserve of the upper class and, conversely, that the lower classes were devoted to magical and religious healing. And third, it emphasizes the continua in these three ranges, especially the intellectual, rather than the customary emphasis on conflict and tension. I do not mean to deny that conflicts and tensions, which imply clearly recognized polarities, did not exist in ancient and medieval medicine, but such a view does not account satisfactorily for the accommodation of eclectic and often contradictory beliefs and practices in the medical and historical texts and, presumably, in the lives of individuals.

In the often desperate search for methods of treating insanity, it appears from the medieval sources that the full range of possible judgments along the three continua were made. Although we have naturally tended to emphasize the medical texts, the professional medical approach was probably at a distinct disadvantage in relation to other forms of healing. The doctor's treatment was usually lengthy, expensive, sometimes painful, and frequently not very effective. Insanity is an elusive, complex and sensitive topic, yet sensitive to the values around which men and women have constructed and ordered their lives. It is a divining rod that may lead to a deeper understanding of medieval social relations.

Abnormal behavior posed in the medieval period, as it still does today, the question of its causation. Byzantine society could draw upon the naturalistic interpretation of the mind and its dysfunction that it had inherited from antiquity.[13]

[8] Rosen (note 5 above), 63.

[9] See O. Temkin, *The Falling Sickness*, 2nd ed. (Baltimore, 1971), 150–53, 370–73.

[10] V. Crapanzano, *The Ḥamadsha: A Study in Moroccan Ethnopsychiatry* (Berkeley, 1973), 133, cited in P. Brown, *The Cult of the Saints: Its Rise and Function in Latin Christianity* (Chicago, 1981), 114. See also L. M. Danforth, "The Role of Dance in the Ritual Therapy of the Anastenaria," *BMGS*, 5 (1979), 144–48.

[11] Although I am concerned here with illness, the model works reasonably well with regard to the regimen for the healthy, which was of considerable importance in pre-modern medicine.

[12] See Dols and Gamal, *Medieval Islamic Medicine: Ibn Riḍwān's Treatise "On the Prevention of Bodily Ills in Egypt"* (Berkeley, 1984), 39.

[13] For secondary works, see: B. Simon, *Mind and Madness in Ancient Greece: The Roots of Modern Psychiatry* (Ithaca, 1978); Ro-

Byzantine and, subsequently, Islamic medicine relied directly on the Hippocratic tradition as it had been elaborated by Galen in the second century A.D.[14] Insanity was generally explained according to the two fundamental theories of the humors and the spirits. Madness was produced by an imbalance of the humors, particularly an excess of black bile, which caused melancholy.[15] Medical treatment was intended to correct this imbalance by a manipulation of the humoral qualities; based on an allopathic principle of "contraries," successful treatment re-established a proper complexion or temperament. The second basic premise of Galenic medicine was the theory of the three *pneumata*—the vital, psychic, and natural spirits. A disturbance of the spirits was the second major cause of mental disorder. Generally, the theory of insanity crystallized in late antiquity around those concepts and was transmitted with astonishing literalness well into the nineteenth century, as can be seen in the works of Benjamin Rush and Philippe Pinel.[16]

It would be tedious to chronicle all the writings on insanity and its remedies that may be found in the Byzantine and Islamic medical texts, because they largely follow the lines of early Byzantine medicine.[17] I would, however, like to note some general characteristics of this literature.[18]

Unlike the classical writings, the medical texts of late antiquity contain more sustained discussions or descriptions of mental disturbances, particularly melancholy. The Islamic compendia of medicine (*kunnāshāt*), which followed the precedent set by Byzantine works of the late Alexandrian School, became popular systematic expositions of theory. The *Qānūn* of Ibn Sīnā was, perhaps, the most famous and influential on later works, but these authoritative encyclopedias were all quite similar.[19] They invariably dealt with psychic matters under various headings: the anatomy of the brain; the complexion of the brain; its faculties or powers (imagination, cognition, and memory); the psychic spirit that nurtured the brain; the preservation of mental well-being as one of the six "non-naturals"; psychic ailments as a part of the pathological description of the entire body; and the *materia medica* for the alleviation of mental disturbances. The description of psychic ailments, particularly, was nonclinical and was followed by a chapter on therapy. The maladies usually included epilepsy, mania, melancholy, phrenitis, lycanthropy (*quṭrūb*),[20] and passionate love (*ʿishq*), as in Ibn Sīnā's *Qānūn*.[21] The precedent for the presentation of the symptoms, causes, and therapies of psychic disorders in this manner may be traced back to Celsus; the immediate precedent for Islamic doctors was Alexander of Tralles.[22]

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sen (note 5 above), chap. 3; Agnes C. Vaughan, *Madness in Greek Thought and Custom* (Baltimore, 1919); G. C. Moss, "Mental Disorders in Antiquity," in *Diseases in Antiquity*, ed. D. Brothwell and A. T. Sandison (Springfield, Ill., 1967), 709–22; J. L. Heiberg, *Geisteskrankheiten im klassischen Altertum* (Berlin/Leipzig, 1927); I. E. Drabkin, "Remarks on Ancient Psychopathology," *Isis*, 46 (1955), 223–34.

[14] Temkin, *Galenism, passim*; see especially S. W. Jackson, "Galen—On Mental Disorders," *JHBS*, 5 (1969), 365–84.

[15] For the central idea of *iʿtidāl* (humoral balance) in Islamic medicine, see J. Ch. Bürgel, "*Adab* und *iʿtidāl* in ar-Ruhāwīs *Adab aṭ-ṭabīb*: Studie zur Bedeutungsgeschichte zweier Begriffe," *ZDMG*, 117 (1967), 97–102.

[16] Simon (note 13 above), 43 f.

[17] The only surviving ancient text to contain a full and orderly discussion of mental illness is Caelius Aurelianus, *On the Acute and on Chronic Diseases*, trans. E. I. Drabkin (Chicago, 1950); the interpretation of the subject is, however, based on Methodist principles. Generally, the names given to mental disturbances in antiquity indicate a purely somatic approach, so that the disturbances were often not classified as mental illnesses, such as hysteria (the disturbance of the uterus) and hypochondria (disease below the diaphram); see note 21 below.

[18] In the present discussion, it is advantageous to bear in mind the contemporary European interpretation of insanity and the treatment of the insane, especially in view of the present-day revisionism of traditional historical treatments of the subject. See J. Kroll, "A Reappraisal of Psychiatry in the Middle Ages," *Archives of General Psychiatry*, 29 (1973), 276–83; Stanley W. Jackson, "Unusual Mental States in Medieval Europe, I. Medical Syndromes of Mental Disorder: 400–1100 A.D.," *JHM*, 27 (1972), 262–95; G. Mora, "Mind-Body Concepts in the Middle Ages: Part I. The Classical Background and Its Merging with the Judeo-Christian Tradition in the Early Middle Ages," *JHBS*, 14 (1978), 344–61; *idem*, "Mind-Body Concepts in the Middle Ages: Part II. The Moslem Influence, the Great Theological Systems, and Cultural Attitudes Towards the Mentally Ill in the Late Middle Ages," *JHBS*, 16 (1980), 58–72; R. Neugebauer, "Treatment of the Mentally Ill in Medieval and Early Modern England: A Reappraisal," *JHBS*, 14 (1978), 158–69.

[19] For the analysis of major Islamic medical compendia, see the following: al-Majūsī, *al-Malakī*—M. Ullmann, *Islamic Medicine* (Edinburgh, 1978) and E. Ruth Harvey, *The Inward Wits: Psychological Theory in the Middle Ages and the Renaissance*, Warburg Institute Surveys, VI (London, 1975), 13–21; Kai-Kīʾūs, *Qābūs-Nāma*—F. Klein-Franke, *Vorlesungen über die Medizin im Islam*, in *SA*, Beihefte 23 (Wiesbaden, 1982), 77–81; G. Karmi, "A Medieval Compendium of Arabic Medicine: Abū Sahl al-Masīḥī's 'Book of the Hundred,'" *JHAS*, 2 (1978), 270–90.

[20] The syndrome of lycanthropy, which is lacking in Galen, was taken from Aetius of Amida, who reproduced it from Marcellus of Side (Ullmann [note 19 above], 22). See M. Ullmann, "Der Werwolf," *WZKM*, 68 (1976), 171–84; F. G. Welcker, "Lykanthropie, ein Aberglaube und eine Krankheit," *Kleine Schriften*, 3 (Bonn, 1850), 157 ff.

[21] Ibn Sīnā, *al-Qānūn fī ṭ-ṭibb*, II (Būlāq, 1877), 63 ff. Jackson suggests ("Galen—On Mental Disorders" [note 14 above], 371–76) that phrenitis, melancholia, and mania were "well-established as nosological categories" in antiquity, and he examines their description as well as related syndromes in Galen's works. The historical evolution of what comprised "mental illness" should be noted.

[22] Flashar, *Melancholie*, 74 f., 126–33; despite the title, the author masterfully surveys the topic through early Byzantine

Let me say something more about passionate love, which had been considered a sickness in antiquity.[23] In Persian and Urdu *sōdā* means both melancholy and passion. It comes from *al-mirra as-saudā'*, which is black bile, the source of melancholy and passion in the body. Dying of a broken heart is a well-known theme in oriental literature. Perhaps the best example is *Layla and Majnūn*, which tells the sad story of Majnūn, which means "madman," who is separated from his beloved; he wanders in the wilderness, is obsessed by his passionate love, and dies out of love for Layla.[24] In the medical literature, there are a number of anecdotes about famous doctors who detected, by feeling the pulse, an undisclosed love as the source of a patient's melancholy and were able to cure the patient.[25] These stories of pulse diagnosis are certainly not evidence of "psychiatry," but they are interesting instances of the physiological understanding of psychic illness.[26]

Aside from these compendia, a number of monographs were written on mental disturbances by Islamic doctors. Although non-clinical, they naturally contained a fuller discussion of theory and therapy, and they attest, through extensive quotations, to their dependence on Greek medicine, particularly the work on melancholy by Rufus of Ephesus.[27] The most important such monograph was the early tenth-century *Maqāla fī Mālīkhūliyā* by Isḥāq ibn ʿImrān, which relied heavily on Rufus.[28] It is important because it was well known in the Islamic world and was translated into Latin by Constantinus Africanus in the eleventh century A.D., and the work appears to have significantly influenced Western views of mental illness. The notion of melancholy was used in these monographs as a catch-all expression, similar to our present-day "mental illness," for psychic disturbances of all kinds; that notion lasted until modern times.[29]

Generally, Rufus and his medieval followers recommended treatment with antidepressive drugs, psychotherapeutic remedies (particularly music),[30] and the psychic healing of manic delusions. One example of the third method may be helpful. A member of the Buyid dynasty suffered from the fixed idea of being a cow and refused all food; he even urged his attendants to have him slaughtered and roasted. The case was brought before the famous Ibn Sīnā, who proceeded as follows: First he

medicine. For a cursory review of Byzantine medical views of insanity, see G. Roccatagliata, *Storia della Psichiatria Antica* (Milan, 1973), chaps. 13–14. For Islamic medical views, see J. E. Staehelin, "Zur Geschichte der Psychiatrie des Islam," *Schweizerische Medizinische Wochenschrift*, no. 35/36 (Basel, 1957), 1151–53.

[23] According to Flashar, *Melancholie*, 79, the first connection of love-sickness with melancholy is in Aretaeus. See R. Walzer, "Fragmenta graeca in litteris arabicis: I. Palladios and Aristotle," *JRAS*, 1939, 407–22, and especially H. H. Biesterfeldt and D. Gutas, "The Malady of Love," *Journal of the American Oriental Society*, 104 (1984), 21–55. For the literary aspect, see Lois A. Giffin, *Theory of Profane Love Among the Arabs: The Development of the Genre* (New York, 1971). Ibn Sīnā's treatment of this "sickness" is instructive (*al-Qānūn*, II, 72 f.). He advises that the two lovers be united if it is permitted by Islamic law, but if not, the doctor should admonish the patient and even ridicule him. Ibn Sīnā mentions the usefulness of old women and effeminate men in discouraging such love by their slandering the lover's image of the beloved and transferring his affection to someone else. He also recommends entertainment and sports to divert the lovesick. The romantic aspect of ʿishq has clearly been lost in Ibn Sīnā's medical treatment of the subject.

[24] I. J. Kračkovskij, "Die Frühgeschichte der Erzählung von Macnūn und Lailā in der arabischen Literatur," trans. H. Ritter, *Oriens*, 8 (1955), 1–50; M. Gh. Hilal, *The Development of the Majnūn-Layla Theme in the Literature of the Orient* (Cairo, 1954), in Arabic. See the modern English translations of *Layla and Majnūn* of Nizāmī by R. Gelpke, et al. (London, 1966), and of Fuzūlī by S. Huri (London, 1970); and the play of Aḥmad Shawkī, *Majnun Layla*, trans. John Arberry (Cairo, 1933).

[25] J. Ch. Bürgel, "Psychosomatic Methods of Cures in the Islamic Middle Ages," *Humaniora Islamica*, 1 (1973), 157–72.

[26] Abū Saʿīd Ibn Bakhtīshūʿ, *Risālah fī ṭ-ṭibb*, ed. and trans. F. Klein-Franke, *Über die Heilung der Krankheiten der Seele und des Körpers*, in *Recherches*, nouvelle série: B. Orient chrétien, IV (Beirut, 1977), 29 f.

[27] See M. Ullmann, "Die arabische Überlieferung der Werke des Rufus von Ephesus," *The First International Symposium of Arab Science*, Aleppo, April 5–12, 1976, II (Aleppo, 1978), 348–57; Flashar, *Melancholie*, 84–104.

[28] Isḥāq ibn ʿImrān, *"Maqāla fī l-Mālīḫūliyā" (Abhandlung über die Melancholie) und Constantini Africani "Libri Duo de Melancholia,"* ed. and trans. K. Garbers (Hamburg, 1977). See also R. Creutz and W. Creutz, "Die 'Melancholia' bei Konstantinus Africanus und seinen Quellen," *Archiv für Psychiatrie und Nervenkrankheiten*, 97 (1932), 244–69; G. Baader, "Zur Terminologie des Constantinus Africanus," *Medizinhistorisches Journal*, 2 (1967), 36–53; B. Ben Yahia, "Les origines arabes de De melancholia de Constantin l'Africain," *Revue d'histoire des sciences*, 7 (1954), 156 ff.

[29] The inclusive sense of "melancholy" may be found in the works of Aretaeus and Alexander of Tralles especially. There is an extensive literature on melancholy; see the following works: R. Klibansky, E. Panofsky, and F. Saxl, *Saturn and Melancholy* (New York, 1964); Flashar, *Melancholie, passim*; *idem*, ed., *Antike Medizin* (Darmstadt, 1971), especially W. Müri, "Melancholie und schwarze Galle," 165–91; A. Lewis, "Melancholia: A Historical Review," *The State of Psychiatry*, ed. A. Lewis (London, 1967), 71–110; J. Starobinski, *Histoire du traitement de la mélancolie des origines à 1900* (Diss., Faculty of Medicine, University of Lausanne, 1960); H. Schipperges, "Melancolia als ein mittelalterlicher Sammelbegriff für Wahnvorstellungen," *Studium Generale*, 20 (1967), 723–36; R. Burton, *The Anatomy of Melancholy*, ed. F. Dell and P. Jordan-Smith (New York, 1927).

[30] J. Ch. Bürgel, "Zur Musiktherapie im arabischen Mittelalter," in *Festschrift Arnold Geering*, ed. V. Ravissa (Bern/Stuttgart, 1972), 241–45; M. C. Yasargil, "Über die Musiktherapie im Orient und Okzident," *Schweizer Archiv für Neurologie, Neurochirurgie und Psychiatrie*, 90 (1962), 301–26; H. G. Farmer, *The Influence of Music: From Arabic Sources* (London, 1926); G. Bandmann, *Melancholie und Musik, ikonographische Studien* (Cologne, 1960); A. Süheyl Ünver, "Four Medical Vignettes from Turkey," *Int. Rec. Med.*, 171 (1958), 52.

transmitted a message to the sick man wherein he begged him to be in good spirits because the butcher was on his way to him, and the madman exulted. Soon afterwards, Ibn Sīnā entered the sickroom with a knife in his hand, saying, "Where is the cow, that I may slaughter her?" A lowing was the answer. Ibn Sīnā ordered him to be laid on the ground, his hands and feet bound, then he palpated his body and said, "She is too meagre to be slaughtered, she must be fattened!" The sick man thereupon began to eat, put on weight, lost his delusion, and recovered.[31]

It is obvious from the medical works that there was a common consensus that the brain, and not the heart, was the center of mental activity.[32] Furthermore, mental disturbance was an illness. As a natural phenomenon, no moral meaning was assigned to the disease—no guilt or shame was attached to the illness in the medical texts. Thus, the Dogmatic view of insanity was predominant, and it was both extended and refined by Islamic doctors like all other illnesses from a strongly somatic or physiological point of view. For example, Islamic doctors appear to have interpreted the ancient doctrine of temperament strictly in terms of a pathological humoralism.[33] Greco-Roman medicine, as in the works of Aretaeus and Caelius Aurelianus, differentiated between the divine or inspired madness and mental disorders arising from bodily disease.[34] I have not found, however, any survival of the Socratic categories of prophetic, telestic, or poetic madness in the Islamic medical texts.

Specifically with regard to the humors, we can see in Ibn Sīnā's discussion the culmination in the development of the notion that the various forms of mental illness were derived from the "scorching" or "burning" of each of the four humors, rather than just the black bile.[35] In this manner, the various forms of mental disturbance were given a "generic" cause. This theory also logically combined Galen's canonical theory of combustion with the doctrine of the four humors.

Concerning the bodily spirits, the Islamic doctors similarly extended and systematized Galenic theory. Where Galen "hardly incorporated the natural spirit in his system,"[36] the Islamic doctors rounded out the idea and gave all three spirits equal weight. Corresponding to the three spirits, Islamic writers adopted the triadic psychological system of Galen, who had taken it from Plato: the appetitive, irascible, and rational powers of the soul. The rational soul was located in the brain and was responsible for the psychic functions of voluntary movement, perception, and reason; the last comprised the three faculties of imagination, cognition, and memory. Unlike Plato's notion of the rational soul, however, Galen considered it to be corporeal; it was dependent on the harmonious relationship with the other two parts of the soul and on the physical well-being of the rest of the body.[37] Reason was the temperate complexion of the material psychic spirit, operating in the healthy cerebral ventricles. Consequently, the doctors were led to the treatment of disordered reason as though it were a purely physical function.[38] Medieval Islamic and European philosophers may have resented this presumption, but they relied on the information provided by the doctors; in the philosophers' psychological theory, human reason or the soul fell outside medicine. I do not know what the psychological theory of Byzantine philosophy was and its relation to medical thought. Nor can I deal here with the theological problem of the relationship of the psychic spirit with the soul in Christianity and Islam.[39] For the Islamic doctors, al-Majūsī summarizes the matter succinctly: "There can be no mind without the health of the rational soul, and the health of this is obtained only when the vital soul and the natural soul are healthy, nor can either of these be healthy without a healthy

[31] Bürgel (note 25 above), 164 f.; Browne (note 3 above), 88 f.

[32] On the Aristotelean view of the heart, see Simon (note 13 above), 223 f. To the ancient idea of melancholy arising from the disturbance of the stomach and affecting the brain, Flashar (*Melancholie*, 119 ff.) points out that Poseidonius is the only doctor who gives an exact anatomical foundation to this theory; opposed to the contemporary belief in demonic possession, Poseidonius localized psychic illness in the brain.

[33] On the post-Galenic development of the temperaments, see Flashar, *Melancholie*, 112 ff. For the temperaments in Islamic medicine, see Klibansky, et al., (note 29 above), 60 ff.; for example, Ibn Bakhtīshūʿ, *Risālah fī ṭ-ṭibb*, fol. 92ᵛ. Concerning the Dogmatic tradition in Islamic medicine generally, see Klein-Franke (note 19 above), chap. 6.

[34] Rosen (note 5 above), 102 f.

[35] Ibn Sīnā, *al-Qānūn*, II, 68. This humoral pathology was adopted by medieval Western medicine; see, for example, Arnoldus de Villanova, *De parte operative*, in *Opera Omnia*, ed. N. Taurelli (Basel, 1585), 271.

[36] R. E. Siegel, *Galen's System of Physiology and Medicine* (Basel, 1968), 186. See also O. Temkin, "On Galen's Pneumatology," *Gesnerus*, 8 (1951), 180–89, esp. 181; L. G. Wilson, "Erasistratus, Galen and the Pneuma," *BHM*, 33 (1959), 293–314.

[37] Jackson (note 14 above), 370 f.

[38] Harvey (note 19 above), 3, 7 ff.; see also Bürgel, (note 25 above), 160 ff.

[39] See Harvey (note 19 above), 31–61; F. Rahman, trans., *Avicenna's Psychology* (Oxford, 1952); Judith S. Neaman, *Suggestion of the Devil: The Origins of Madness* (Garden City, N.Y., 1975), chap. 2.

body, and this comes about from the balance of the humors."[40]

Another characteristic of the Islamic treatment of insanity was the general emphasis on the educative role of the doctor with regard to his patient's individual regimen. This aspect of medical practice can be traced back to antiquity, "but, overall, ancient medicine did not develop a concept of the healing power of words or dialogue, just as it did not develop a concept of disturbances of the mind apart from disturbances of the body."[41] Although rooted in traditional humoral theory, Aretaeus' discussion of melancholy marks the beginning of the psychogenic explanation, which was further developed in late antiquity.[42] Despite the dominance of the Dogmatic tradition in Islamic medicine, the psychic causation subsisted in the textbooks, and various forms of psychotherapy were evidently practiced. Although many of the therapies can be found in the works of late antique authors, the use of shock or shame therapy, particularly, by Islamic doctors seems to have been original.[43] Thus, it appears that some Islamic physicians drew upon their own experiences and often adopted a holistic approach to medicine.[44] The best representative of this minority view is the mid-eleventh-century doctor Saʿīd ibn Bakhtīshūʿ, who argued persuasively in one of his treatises for the psychic causation of illness, epitomized in his view by passionate love, alongside the somatic.[45] At the beginning of the fourth chapter of his work, Ibn Bakhtīshūʿ counters the neglect of the psychic element in illness by the ordinary doctor, "who has not entered the *bīmāristāns* and has not seen how the staff treats the sick—pacifying the nerves of some and busying the minds of others, diverting their anxieties and entertaining them with song and other things, exciting some of them by abuse and scorn and stirring their souls. . . ."[46]

This abrupt introduction to the *māristān* by Ibn Bakhtīshūʿ leads me to the actual treatment of the mentally ill. In Greco-Roman society, mental illness had been considered, generally, a private matter except where public safety or legal questions were involved. The handling of the insane varied according to circumstances, but the primary responsibility fell upon the family. The practice of allowing the disturbed who were not violent to roam the streets was followed only by the poorer classes and those who had no family. "Not infrequently they were followed by children or street loafers who mocked, ridiculed and abused them, and often threw stones at them. . . . Confinement at home was an accepted way of dealing with the mentally deranged who were disoriented and violent. When there was danger that a mentally ill person would injure himself or those associated with him, he was not only confined, but he was restrained as well. Such an individual might be bound or placed in the stocks. . . ."[47] The law did not define insanity, but concerned itself primarily with safeguarding private property. The insane were not held legally responsible for their actions, while a guardian or administrator might be appointed to protect their interests. The legal status of the insane remained roughly the same in Byzantine and Islamic societies, and this Greco-Roman legal view did not change appreciably until modern times.[48]

Within the Greco-Roman context, Christianity introduced a new and somewhat revolutionary idea. The infirm poor and other socially disadvantaged elements of society were no longer to be despised—they were to be honored. They became a communal responsibility. For the individual Christian, charity was a sure path to the atonement of his sins and to salvation. The bishop was to maintain a *xenodochium*, literally "a house for strangers," and supply needed social services.[49] With the recognition and eventual promotion of Christianity in the fourth century A.D., a widespread and highly developed welfare system was developed in Byzantine society. Subsequently, Muslims, similarly motivated by religious charity, imitated the Byzantine facilities in their newly created empire.[50] The

[40] Al-Majūsī quoted in Harvey (note 19 above), 14.

[41] Simon (note 13 above), 227.

[42] Flashar, *Melancholie*, 77 f.

[43] Bürgel (note 25 above), 171.

[44] See Klein-Franke (note 19 above), chap. 7.

[45] This seemingly paradoxical situation may be understood in the light of the history of psychiatry in the nineteenth century, when this science grew directly out of the somatic—that is, the neurological—approach to mental illness, especially in the work of Sigmund Freud. See the introductory survey by A. Scull in his *Madhouses, Mad-Doctors, and Madmen* (Philadelphia, 1981), 5–32.

[46] Ibn Bakhtīshūʿ, *Risālah fī ṭ-ṭibb*, fols. 74ʳ–74ᵛ.

[47] Rosen (note 5 above), 64 f.; see also 88 f.

[48] *Ibid.*, 63–70, 121–29, 136; Neaman, *Suggestion of the Devil* (note 39 above), 68–110; Y. Linant de Bellefonds, *Traité de droit musulman comparé* (The Hague/Paris, 1965), 245 ff., 262; A. A. Fyzee, *Outline of Muhammadan Law*, 3rd ed. (Oxford, 1964), 88 *et passim*; G. H. Bousquet, *Précis de droit musulman* (Algiers, 1950), 120 *et passim*. Of considerable importance for Islamic society, beyond the legal sphere, is the Qurʾānic stipulation (4:4) to care for the incompetent (*sufahāʾ*); see below.

[49] G. Harig and J. Kollesch, "Arzt, Kranker und Krankenpflege in der griechisch-romanischen Antike und im byzantinischen Mittelalter," *Helikon*, 13–14 (1973–74), 274 f.

[50] See F. Rosenthal, "Sedaka, Charity," *The Hebrew Union College Annual*, 23 (1950–51), 411–30; N. A. Stillman, "Charity and

first major Islamic hospital was established in Baghdad by Hārūn ar-Rashīd in the early ninth century A.D. The inspiration for this foundation came, in a roundabout way, from the Nestorian physicians in Jūndishāpūr. Nestorian physicians organized and staffed the Baghdad hospital, and it served as a model for numerous hospitals in Islamic countries.[51]

The comparable development of Byzantine and Islamic hospitals highlights some essential features of the medieval institution. It is misleading, first of all, to call these institutions "hospitals," as I have done, because of the term's modern connotations. The medieval hospital was basically a civilian charitable institution, which more closely resembled a present-day convalescent or nursing home. The belief that the Byzantine hospitals were devoted only to acute illnesses is a very questionable assertion, especially if lepers were cared for in these hospitals. With the exception of a few major urban complexes, such as the Pantocrator Hospital, the Byzantine welfare facilities seem to have been small, undifferentiated, and very numerous. Islamic society, on the other hand, lacked such numerous small-scale facilities. The Islamic hospitals were usually grand structures, similar to the Pantocrator, and were confined to the important cities.[52] They were carefully planned, containing inpatient and outpatient departments with separate wards for male and female patients. Special wards or halls were devoted to surgery, eye diseases, bonesetting, and internal maladies, which roughly corresponded to the specializations of the medical profession. The most remarkable aspect of the Islamic hospitals was the inclusion of a section for the mentally ill.

It is remarkable because there is very little evidence, to my knowledge, for the special care of the insane in the sophisticated and widespread Byzantine welfare system.[53] This lack of institutional specialization may be due to the equivocal status of insanity in Byzantine society, which will be discussed below.[54] It is, however, very likely that the Nestorian Christians in Jūndishāpūr did promote the special treatment of the insane in their famous hospital. Although we do not possess descriptions of the inner workings of the Jūndishāpūr hospital, we know that the city was the most important intellectual center in the pre-Islamic Near East. The Nestorian Christians were free from Byzantine constraints to pursue sedulously their scientific interests, so that their work provided eventually an important bridge between Hellenistic and Islamic learning.[55] Aside from the classical medical texts, a significant element of that learning was the Aristotelian tradition, which was decisive in the field of psychology.[56] At the same time, the eastern monasteries appear to have been refuges for the mentally disturbed. In one important instance, the Arabic sources mention an independent insane asylum at Dayr Hizqil (Ezechiel) in an-Nuʿmānīja, which is located between Baghdad and Wāṣit in Lower Mesopotamia. It is probable that the asylum dated from before the Arab conquests; it clearly continued to function as a madhouse into the tenth century A.D.[57] In these circumstances, the Jūndishāpūr physicians, responding to their religious and professional obligations, may have promoted the

Social Service in Medieval Islam," *Societas*, 5 (1975), 105–15; S. D. Goitein, *A Mediterranean Society*, II (Berkeley, 1971), 3 *et passim*; Dols, "Islamic Hospitals and Poor Relief," *Dictionary of the Middle Ages*, in press.

[51] In his assertion of independence from Baghdad, Ibn Ṭūlūn may have sought to imitate the caliph by founding a comparable *māristān*. In any case, his hospital is a good example of the nature of medieval Muslim philanthropy. On the issue of the "first" Islamic hospital, see my "The Leper in Medieval Islamic Society," *Speculum*, 58 (1983), 891–916.

[52] Aside from mobile hospitals that accompanied armies in the field, rural medical facilities appear to have been quite rare. Elgood (note 3 above), 174 ff., gives the misleading impression that "moving hospitals" existed and were as common as "fixed hospitals"; his discussion is based on the exceptional instructions of the early fourth/tenth-century Baghdad vizier ʿAlī ibn ʿĪsā to the physician Thābit ibn Qurrah to provide medical care to the villagers in the Sawād. See H. Bowen, *The Life and Times of ʿAlī ibn ʿĪsā* (Cambridge, 1928), 184.

[53] The "sacred disease" in the Byzantine sources has often been misinterpreted to mean insanity; in the medieval period it almost invariably meant leprosy. See Mary E. Keenan, "St. Gregory of Nazianzus and Early Byzantine Medicine," *BHM*, 9 (1941), 18; PO, II, 85; and A. Philipsborn, "ΙΕΡΑ ΝΟΣΟΣ und die Spezial-Anstalt des Pantokrator-Krankenhauses," *Byzantion*, 33 (1963), 223–30.

[54] Secondary accounts of the history of the hospital often assert that there were mental asylums in early Byzantine civilization—a *morotrophium* in Jerusalem in A.D. 491 and another in Constantinople. This assertion is based on H. C. Burdett's greatly flawed *Hospitals and Asylums of the World*, I (London, 1891), 16, 38, 41, which is taken from U. Trélat, *Recherches historiques sur la folie* (Paris, 1839). Burdett contemptuously denies (p. 43) Desmaison's contention that the institutional treatment of the mentally ill originated in Islamic society; see J. G. Desmaison, *Des asiles d'aliénés en Espagne* (Paris, 1859), repr. in *Psychiatry in Russia and Spain* (New York, 1976). The latter initiated the modern controversy over the precedence of mental hospitals in Europe.

[55] Dols and Gamal (note 12 above), 4–6.

[56] See Heinz H. Schöffler, *Die Akademie von Gondischapur, Aristoteles auf dem Wege in den Orient* (Stuttgart, 1979).

[57] See Terzioğlu, *Mittelalterliche islamische Krankenhäusen* (note 3 above), 41 f.; Adam Mez, *The Renaissance of Islam*, trans. S. K. Bakhsk and D. S. Margoliouth, 1st ed. (Patna, 1937), 377; M. Streck, *Die alte Landschaft Babylonien nach dem arabischen Geographen* (Leiden, 1901), 2:301–303. My further study of this asylum and the oriental sources generally may clarify this issue.

institutional care of the insane in a manner that prefigured the well-documented Islamic hospital. But how was this possible? Why should insanity assume such a prominent place in the subsequent development of the Islamic hospital?

I would suggest that the answer lies in the different natures of the Byzantine and Islamic hospitals and, ultimately, in the different religious orientations of the two societies. The Islamic hospital was generally a secular institution; its legal status is markedly different from that of the Christian (Byzantine and European) hospitals.[58] The Islamic hospital was usually established by the local ruler as a personal monument—as a means of religious and political legitimation by the non-indigenous elites, which characterized most Islamic states from the ninth century A.D. The *māristān* was financed by the state and by private endowments, and it was administered by a highly-placed government official.[59] The chief physician or dean supervised the medical personnel; the institution was not staffed by clerics. The lay physicians placed an inordinate emphasis on the classical texts, primarily the works of Galen, as the sole criteria for professional status because of the lack of effective state regulation or self-regulation of medical practice.[60] Moreover, the preservation of Galenic medicine was reinforced by the close association of medical education with the hospital.[61] Consequently, it was possible for Christian and Jewish doctors to hold prestigious positions in the hospitals and to play a disproportionately large role in Islamic medicine during the medieval period.

On the other hand, there is no evidence of non-Christian practitioners in the Byzantine hospitals, which were closely tied to the Church. Invariably, they were administered by the Church, frequently being associated with monastic communities. Apart from strictly monastic medicine, there was also a strong tradition of priest-physicians, who combined religion with Galenic teaching.[62] Furthermore, monasteries and ecclesiastical schools seem to have been the main teaching centers of medicine.[63] Byzantine medicine appears, therefore, to have become deeply infused with Christian beliefs and practices.[64] I believe that this supernatural orientation may be seen most clearly and decisively in the case of insanity.[65]

The early Christian view of professional medicine was generally ambivalent, if not contradictory.[66] Mental illness, specifically, was believed to be demonic possession. The Apostles may have distinguished it from physical illnesses, but the subtlety of this distinction seems to have been lost from an

[58] See the concise comparison of Christian and Muslim law regarding hospitals in Bridgman, "Evolution comparée de l'organisation hospitalière (note 3 above)" 235–37, and *idem*, *L'Hôpital et la Cité* (note 3 above), 51 *et passim*.

[59] For example, hospitals in Mamlūk Egypt were major institutions; the budget of the Manṣūrī hospital, specifically, was the largest of any public institution in Egypt. See C. F. Petry, *The Civilian Elite of Cairo in the Later Middle Ages* (Princeton, 1981), 218; see also 140 f.

[60] See Dols and Gamal (note 12 above), 24–42; G. Leiser, "Medical Education in Islamic Lands from the Seventh to the Fourteenth Century," *JHM*, 38 (1983), 66–75; F. Rosenthal, "The Physician in Medieval Muslim Society," *BHM*, 52 (1978), 475–91.

[61] On Islamic medical education, see G. Makdisi, *The Rise of Colleges: Institutions of Learning in Islam and the West* (Edinburgh, 1981), 27 *et passim*; Leiser (note 60 above), 60 ff. In Europe, by comparison, such an association of medical education with hospitals was not made until the sixteenth century in Italy; see V. L. Bullough, *The Development of Medicine as a Profession* (Basel/London, 1966), 92. Concerning Byzantium, see V. Grumel, "La Profession medicale à Byzance a l'époque des Comnènes," *REB*, 7 (1949), 42–46, and the numerous works on the Pantocrator Hospital.

[62] For a general survey of this topic, see D. J. Constantelos, "Physician-Priests in the Medieval Greek Church," *The Greek Orthodox Theological Review*, 12 (1966–67), 141–53. In a recent paper, "Public Doctors in the Ancient and Medieval World," T. Miller states: "During Justinian's reign the *archiatroi* ceased to receive their pay from the city governments; they were now employees of the Church, working in the hospitals of Constantinople and in a few of the larger Byzantine towns" (Sixth Annual Byzantine Studies Conference, Abstracts of Papers [1980], p. 25). For specific examples of Egyptian physicians who became monks, see the Life of Severus, PO, II, 39, 43.

[63] O. Temkin, "Byzantine Medicine: Tradition and Empiricism," *DOP*, 16 (1962), 111 (=*Double Face of Janus*, 217–18).

[64] See P. Charanis, "Some Aspects of Daily Life in Byzantium," *The Greek Orthodox Theological Review*, 8 (1962–63), 53–70. Harig and Kollesch (note 49 above), 279–85, survey briefly the nature of the Byzantine hospitals, especially the financial support and personnel, and conclude that they became institutions with a "distinctly governmental-lay character" (285); furthermore, they assert (without any documentation) that the Islamic hospitals had a comparable character (287). The authors' argument for the character of the Byzantine hospitals is not persuasive; in fact, their data support the opposite conclusion. It is particularly hazardous to generalize about the vast Byzantine welfare system on the basis of the well-documented but exceptional Pantocrator Hospital, as the authors have done (289–92). Finally, they suggest that the Byzantine hospital was the model for hospitals in Russia, Georgia, Armenia, and Rumania (292). If this is so, it would be interesting to know how closely these institutions resemble the "Byzantine model" (?), particularly whether they cared for the insane.

[65] Concerning the closely related issue of epilepsy and its parallel development, see Temkin (note 9 above), 85–133.

[66] D. W. Amundsen, "Medicine and Faith in Early Christianity," *BHM*, 56 (1982), 326–50. Concerning the comparable tension between medicine and Islam, see F. Rosenthal, "The Defense of Medicine in the Medieval Muslim World," *BHM*, 43 (1969), 519–32; J. Ch. Bürgel, "Die wissenschaftliche Medizin im Kräftefeld der islamischen Kultur," *Bustan*, 8 (1967), 9–19; *idem*, "Secular and Religious Features of Medieval Arabic Medicine," 44–62; Klein-Franke (note 19 above), 87, 108–32.

early time.[67] In any case, demonology is conspicuous in early Byzantine writings, and there is good reason to believe that demonology was widespread throughout the Roman Empire at the time.[68]

> Christianity inherited the fateful legacy of an absolute division of the spiritual world between good and evil powers, between angels and demons. To men increasingly preoccupied with the problem of evil, the Christian attitude to the demon offered an answer designed to relieve nameless anxiety; they focused this anxiety on the demons and at the same time offered a remedy for it. . . . Hence, however many sound social and cultural reasons the historian may find for the expansion of the Christian Church, the fact remains that in all Christian literature from the New Testament onwards, the Christian missionaries advanced principally by revealing the bankruptcy of men's invisible enemies, the demons, through exorcisms and miracles of healing.[69]

Concerning insanity as a theological issue, Origen's view of lunacy as intrusive possession appears to have been decisive.[70]

The claim of the Christian clergy as healers, especially as exorcists, was established and well known by the fourth century A.D.[71] At the same time, the instability of Late Roman society evoked an increase in both the number and quality of such miraculous healings.[72] There were three significant features of the reports of these healings: the successful management of supernatural powers was virtually always guaranteed; it was customarily free; and it was believed in by all classes of society. The last point needs to be stressed because of a common misunderstanding.[73] As Peter Brown has shown in a number of essays on the hagiographical literature, the belief in demonology and its association with religious healing were not confined to the common folk, but permeated at all levels of the social structure.[74]

Furthermore, it would appear from the Saints' Lives, for example the Life of Theodore of Sykeon, which is suffused with demons and their exorcism, that religious healing was sought primarily for chronic illnesses, while for acute illnesses a doctor might be recommended.[75] The recommenda-

[67] D. W. Amundsen and G. B. Ferngren, "Medicine and Religion: Early Christianity Through the Middle Ages," in *Health/Medicine and the Faith Traditions*, ed. M. E. Marty and K. L. Vaux (Philadelphia, 1982), 93–131; D. E. Aune, "Magic in Early Christianity," *ANRW*, 2:23:2, 1529 ff. The exorcisms of the Byzantine saints appear to differ from Jesus' in that the saints usually touched the demon-possessed individual.

[68] P. Brown, "Sorcery, Demons and the Rise of Christianity: from Late Antiquity into the Middle Ages," in his *Religion and Society in the Age of Saint Augustine* (London, 1972), 122. See also M. Smith, *Jesus the Magician* (New York, 1978), and Aune (note 67 above), 1507–57. The last is a masterful overview of the subject. Can we say, according to Aune (1515), that Christian healing practices were "religious" while Islamic healing practices were "magical," the latter being "means alternate to those normally sanctioned by the dominant religious institution"?

[69] P. Brown, *The World of Late Antiquity, A.D. 150–750* (London, 1971), 54 f. See also *idem*, *The Making of Late Antiquity* (Cambridge, Mass., 1978); *idem*, "Sorcery, Demons and the Rise of Christianity" (note 68 above) 132–38, emphasizes the Christian rejection of the sorcerer as the agent of misfortune and the concentration on the demons alone. R. MacMullen, "Two Types of Conversion to Early Christianity," *Vigiliae Christiane*, 37 (1983), 174–92. J. B. Russell, *The Devil: Perceptions of Evil from Antiquity to Primitive Christianity* (Ithaca, 1977), and his sequel, *Satan: The Early Christian Tradition* (Ithaca, 1981), is a more traditional survey of the subject. Temkin (note 9 above), 90 f., gives a good description of the probable pagan perception of Christian exorcism. Aline Rousselle, "From Sanctuary to Miracle-Worker: Healing in Fourth-Century Gaul," in *Selections from the Annales: Economies, Sociétés, Civilisations*, ed. R. Forster and O. Ranum, VII: *Ritual, Religion and the Sacred* (Baltimore, 1982), 95–127 (trans. E. Forster from *Annales* [1976], 1085–1107), especially 108 ff., for perceptive remarks about mental illness and the "miraculous" healing of psychosomatic illnesses. From a modern psychiatric point of view, Al-Issa (note 6 above), says (576): "By attributing [schizophrenic hallucinations] to the spirits, social expectations of their content and occurrence tend to be prescribed. What the spirits are expected to communicate to the individual may thus be socially stereotyped and could be predicted by the individual, his group, and the professionals. The general belief that external factors rather than individual ones are responsible for behavior during possession may very well facilitate social influence and cultural controls."

[70] Temkin (note 9 above), 92. The groundwork had been prepared earlier by Christian apologists; see, for example, "The First Apology of Justin, the Martyr" and "A Plea Regarding Christians by Athenagoras, The Philosopher" in *Early Christian Fathers*, ed. C. C. Richardson (New York, 1970), 225–89 and 326–30 respectively.

[71] R. MacMullen, *Paganism in the Roman Empire* (New Haven, 1980), 50; MacMullen points out that "pagans lacked any corresponding deities, lacked temples known as places of resource for the possessed, on the model of Asclepieia, and had instead to trust to luck or to some not very respectable help bought in the shadows." It should be mentioned that the capacity to exorcise the possessed had its dangers for Christian healers. For example, St. Peter of Atroa became famous for his curing a consul's wife of madness; his unsuccessful rival healers claimed that his power came from the devil, so that the saint had to prove his orthodoxy; see Kathryn M. Ringrose, "Saints, Holy Men and Byzantine Society, 726 to 843" (Diss., Rutgers University, 1976), 89.

[72] Brown (note 68 above), 122 ff.; Amundsen and Ferngren (note 67 above), 103, give a number of reasons, but especially "an infusion of pagan modes of thinking into Christianity," which was stimulated by the mass conversions of the fourth century; A.-J. Festugière, ed. and trans., *Vie de Théodore de Sykéôn, SubsHag*, no. 48 (1970), I, xviii, and his *Les moines d'Orient* (Paris, 1961–65), particularly vol. I, chap. 1; Keenan (note 53 above), 16 f., a fine description of the interplay of Galenic medicine and Christianity in the fourth century A.D.

[73] E.g., Charanis (note 64 above), 96; MacMullen (note 69 above).

[74] Brown (note 10 above), 114 f.

[75] E. Dawes and N. H. Baynes, trans., *Three Byzantine Saints* (Crestwood, N.Y., 1977 rep.), 182 f. Similarly, *The Lausiac His-*

tion of doctors by Theodore may be exceptional.[76] The scholarly debate on this point indicates to me that there was no clear-cut division between religious and naturalistic healing in late antiquity. The *modus vivendi* for those entrusted with the care of the sick in a monastic infirmary or hospital is exceptionally well illustrated by the sixth-century A.D. correspondence of Saints Barsanuphius and John of Gaza. To summarize their view, they believed that medical science did not hinder one's piety; it should be regarded like the manual labor of other monks. While pride in medical expertise should be carefully guarded against, professional medicine was entirely compatible with a godly life.[77]

Nevertheless, the Saints' Lives reflect the omnipresence of demons in late antiquity. Dawes and Baynes have described this world-view well: "If we believe that the myriad bacilli about us were each and all inspired by a conscious will to injure man, we might then gain a realization of the constant menace that broods over human life in the biographies of Byzantine saints."[78] I have described this belief in demonology at length because I think that it greatly influenced the Byzantine attitude toward insanity. To paraphrase Nilsson, there was a "demonizing of medicine," despite the persistence of the Galenic tradition in the medical literature.[79]

Where were the mentally ill treated or, perhaps, incarcerated in Byzantine society? Consistent with the demonic nature of insanity, it would appear that most people eventually sought the aid of the Church, its saints and sacraments. Concerning the long-term care of the mentally ill, however, there were considerable discrepancies. The rich were able to pay for professional medical care and nursing in their homes. If we can judge from John of Ephesus' account of Justin II's violent and prolonged madness, he was confined to the palace, where his chamberlains tried to calm the emperor by both restraints and entertainment.[80] The hostile allegation that the emperor's insanity was caused, in part, by calling in the Jewish physician, Timotheus, indicates that Justin was given professional medical attention.[81]

As for the lower classes, the harmless appear to have wandered at liberty, swallowed up among the mass of poor and homeless, which has been so well described by Patlagean for early Byzantine society.[82] Unlike the case in antiquity, however, the mentally ill appear to have resorted to the churches and saints. "The church building itself, in the practice of incubation becomes a hospital, and the sick lie about in the confines of the church awaiting a visitation from the physician-saints in the hope of being healed of their infirmities. 'Do you not know that our church has become the hospital (ἰατρεῖον) of the world?', ask the medical-saints, Cyrus and John."[83]

The Life of Andrew the Fool may reflect the common plight of the harmless madman in Byzantine society. Briefly, Andrew was a pious, well-educated, and trusted slave of a high court official in Constantinople. One night he received a vision that was interpreted to mean that he should devote himself to the spiritual life entirely, being "a fool for Christ's sake."[84] The following night he went into the garden of the house. Beside a well, situated close to his master's bedroom, he began to take off his clothes, tearing them with a sword, speaking unintelligible words, and making such an uproar that his master awoke suddenly and thought an evil spirit had emerged from the well. Then, frightened because he believed Andrew was possessed by a demon, the master sent him the next day to the Church of Saint Anastasius and commended

tory of Palladius, trans. Robert T. Meyer, in *Ancient Christian Writers*, no. 34 (Westminister/London, 1965) mentions a number of instances (83 f., 112 f., 136) of the treatment of ascetics by medical doctors, without any hint of hostility; moreover, *The Lausiac History* presents many of the themes related to insanity that are encountered in the later Saints' Lives: the cure of the possessed (57, 64, 79, 104, 121), the curse of insanity (120), the holy fool (96 ff.), and the restraint of the mad ascetic (85 ff.). On this work, see Rydén (note 7 above), 106 f.

[76] H. J. Magoulias, "The Lives of the Saints as Sources of Data for the History of Byzantine Medicine in the Sixth and Seventh Centuries," *BZ*, 57 (1964), 128 ff.

[77] *Barsanuphe et Jean de Gaza: Correspondance*, trans. L. Regnault, et al. (Sable-sur-Sarthe, 1972), 236–42; esp. 238.

[78] Dawes and Baynes (note 75 above), xii.

[79] M. P. Nilsson, *A History of Greek Religion*, 2nd ed. (Oxford, 1951), 72–78. See Temkin's remarks on this theme in his *The Falling Sickness* (note 9 above), 89 f.; he also points out a common compromise: the devil exerted his influence when the body's humoral balance was upset (97 f.). See also *idem*, "Byzantine Medicine: Tradition and Empiricism" (note 63 above), 109 ff.

[80] John of Ephesus, *Ecclesiastical History* III.2, 89 ff.; see also P. Goubert, *Byzance avant l'Islam*, I (Paris, 1951), 53 f.

[81] Cited in Magoulias (note 76 above), 133. On the Jewish physicians in Byzantium, see A. Sharf, *The Universe of Shabbetai Donnolo* (Warminster, 1976), chaps. 6–7.

[82] E. Patlagean, *Pauvreté économique et pauvreté sociale à Byzance 4e–7e siècles* (Paris, 1977). The very pious but sane could easily be thought mad; see, for example, the incident in John of Ephesus, *Lives of the Eastern Saints*, ed. and trans. E. W. Brooks, PO, XVII (Paris, 1923), 169.

[83] Magoulias (note 76 above), 136.

[84] 1 Corinthians 4:10; see also 1:18–31.

him to a guard, to whom he gave a good tip.[85] Andrew stayed in the church with others, receiving numerous visions, speaking incoherently, and praying. When he had spent four months shackled in the Church of Saint Anastasius, the guards declared that, instead of being healed, his malady had worsened. His master was informed, and he ordered that they set Andrew free "as an incurable," ὡς ἤδη ἔξηχον καὶ δαιμονῶντα. From that time, Andrew spent his life roaming through the streets of Constantinople as a poor, ragged, and hungry beggar, preaching against avarice and luxury, speaking in tongues, and performing miracles.[86]

Related to the churches as refuges for the sick poor, the mentally disturbed probably sought assistance in the monasteries, particularly in the countryside. The following account from the Life of Theodore of Sykeon may be representative: "Another man, of the village of Salmania, was terribly abused by an unclean spirit. He went to the monastery [of St. Theodore]; because he was disorderly, St. Theodore ordered that he be tied to a post, and everyday the saint came to him and prayed for him. Consequently, the demon was so enflamed that he left the man and disappeared. At the end of two weeks the man was healed and returned to his home."[87]

This story of the man from Salmania in the monastery of St. Theodore finds a parallel in the Eastern Church. The biography of Rabban Bar-ʿIdtā (d. A.D. 612) tells the story of a Persian soldier who was brought to the monastery. "And through the violence of the devils in him he was bound carefully with cords. Now as they were bringing him into the martyrium to bind him with the chain which was there, the coenobite Tĕrīs-Īshōʿ happened to meet the soldier. And in the humility of the power of our Lord, he drew nigh, and took hold of the man's hands, and straightway his devil cried out and left him, and he came to his senses, and they brought the soldier to Rabban, and having learned about him he praised his Creator."[88]

Mental illness was, surely, not unknown among the monks themselves. According to the Life of St. Theodosius, the monks of the Syrian desert were overly zealous in their asceticism, so that their pride in spiritual athletics led to derangement. St. Theodosius set aside for these men a secluded section in his monastery, where he comforted them and urged them to be patient with the evils of this world.[89] The saint's special concern and plain counseling, amidst the numerous accounts of miraculous healings, strikes a responsive chord in the modern reader who is accustomed to "talk therapy."

The Life of Saint Maro also sheds some light on the plight of the insane. By feigning madness, the saint was unsuccessful in driving away the large numbers of sick and possessed who were attracted to him. The biographer of the saint says:

> He would speak to the people with simple and ridiculous words and, like a fool, say, "Why do you come to a madman? Pray, have you seen anyone fouler than I am? For I am bound to this stone like a malefactor, or like a vicious dog that is bound by a chain, so that he may not escape and do harm. Do you not know that, if I were free to go, I should, like each of you, have both made a house for myself and had a wife and children? Or do you not understand that, in my case, also, it is on account of my sins and my spots and my crimes that God bound me to this stone, like a judge who puts a criminal in bounds?" But those who knew the blessed man's character and way of life used to say when they heard these things: "Yes, sir, we also are come as to a criminal, and as to one who is bound; for a man goes and sees even murderers when they are bound in prison."[90]

This brief account of the holy anti-hero, Saint Maro, is quite revealing about the cult of the saints; the allusion to the criminal, particularly, suggests the likelihood that violent or dangerous madmen

[85] According to the Life of Irene, the Church of the Blachernai also served as a refuge where the impoverished sick went to be cured; see G. da Costa-Louillet, "Saints de Constantinople aux VIII^{e}, IX^{e} et X^{e} siècles," *Byzantion*, 24 (1954), 187. Churches in fourth-century Gaul also appear to have harbored the possessed; see Rousselle (note 69 above), 171.

[86] PG, CXI, cols. 625–888. See Sara Murray, *A Study of the Life of Andreas the Fool* (Leipzig, 1910) for the older literature on this topic. Consult J. Wortley, "The Relationship between the *Vita* and the Cult of Saint Andrew Salos," *AnalBoll*, 90 (1972), 137–41 and C. Mango, "The Life of Saint Andrew the Fool Reconsidered," *Rivista di Studi bizantini e slavi*, 2 (1982), 297–313.

[87] Festugière, *Vie de Théodore de Sykéôn* (note 72 above) 83/85; see also II, 238 for other instances of restraint. In the medical literature, Paul of Aegina also recommended that patients suffering from mania "must be secured in bed, so that they may not be able to injure themselves, or those who approach them; or swung within a wicker-basket in a small couch suspended from on high" (trans. Adams, I, 385). The earliest recommendation of this latter therapy appears to be in Celsus (see Flashar, *Melancholie*, 75), and similar advice is given in Ibn Sīnā, *al-Qānūn*, II, 65.

[88] E. A. Wallis Budge, ed. and trans., *The Histories of Rabban Hōrmīzd the Persian and Rabban Bar-ʿIdtā*, II.1 (London, 1902), 220; see also 208, 261, 273, 278 f. for other instances of exorcisms. See the helpful survey by J. B. Segal, "Mesopotamian Communities from Julian to the Rise of Islam," *Proceedings of the British Academy*, 41 (1955), 109–39.

[89] *Der heilige Theodosios: Schriften des Theodoros und Kyrillos*, ed. H. R. Usener (Leipzig, 1890), 41–44; Festugière, *Les moines d'Orient* (note 72 above), III.3 (Paris, 1963), 125 f.

[90] John of Ephesus, *Lives of the Eastern Saints* (note 82 above), 68.

were put in prison, as in antiquity,[91] but I have found no evidence for this possibility.[92]

Some hospices also appear to have cared for the insane, although there is, again, no clear evidence that mental wards *per se* were created in Byzantine society. In the Life of Theodore of Sykeon we are told about the village of Germia in Galatia, where ancient tombs were disturbed when a cistern was being built. Evil spirits escaped and possessed the villagers, who sought shelter in their homes and hospices (ξενεῶνας).[93]

It may be concluded from these examples that the mentally ill often sought and received the care of the Church, which claimed the ability to exorcise the cause of the illness. Such beliefs and practices continued well into the Islamic era in the Middle East and formed the background to Muslim attitudes toward insanity. The continuity can be seen in an extraordinary incident in the Syriac Life of Rabban Hōmīzd. The incident probably took place in the seventh century A.D. It is an unusually long account, not of an exorcism but of a resurrection. John, a twelve-year-old boy who was vexed by an evil spirit, was brought by his family to the monastery of Rabban Hōmīzd, and the boy remained there for twenty-nine days. "And he was most grievously worked upon by that devil, for he was tortured by him in such wise that he broke his fetters and tore his garments in rags off his body, and bit off the flesh of his arms with his teeth and gnawed it, and those who were with him were in such sore tribulation that they were unable to leave him at any time, either by day or by night, lest quickly and speedily his life should be destroyed by the devil who was contending against the young man." While the whole monastic community prayed for him, the boy died. Rabban Hōrmīzd heard the cries of the family and joined them. Later, he returned disguised as a stranger, battled with Satan, and raised John from the dead.[94]

[91] Rosen (note 5 above), 130.

[92] I have been unable to locate any study of prisons in Byzantine society, although prisons are frequently mentioned in the sources. For prisons in Islamic society, see Rosenthal (note 2 above), 35–77; ironically, he notes (60): "the evil custom of keeping people imprisoned in madhouses is attested from thirteenth-century Baghdad." See also M. M. Ziyādah, "As-Sujūn fī Miṣr," *ath-Thaqāfah*, nos. 260, 262, 279 (Cairo, 1943–44), 2123–25, 20–22, 424–26 respectively.

[93] Festugière, *Vie de Théodore de Sykéôn* (note 72 above), 143 f., 147 f.; see also II, 265. Are not these malign spirits the *keres* of antiquity, who were originally the ghosts of the dead? See Rosen (note 5 above), 75 f.; "The First Apology of Justin, the Martyr" (note 70 above), 253.

[94] Budge (note 88 above), II.1.31–40; see the same incident in *The Metrical Life of Rabban Hōrmīzd*, II.2.346–355.

Concerning Islamic society, it would be quite reasonable to argue that the supernatural explanation and treatment of illness was just as prominent as in Byzantium. The evil jinn were the cause of sickness and disease for many, and madness (*junūn*) was literally possession by jinn.[95] The belief in jinn was inherited from pre-Islamic Arabia and is conspicuous in the Qurʾān.[96] Consequently, Christians and Muslims shared a common belief in demons as the agency of mental illness and a comparable reliance on religious and magical healing.[97] Yet, within the narrow confines of professional medicine, as encapsulated by the Islamic hospital, demonology did not encroach seriously on the Galenic tradition in the early Middle Ages, and some Islamic doctors were openly hostile to demonology.[98] As in the case of leprosy, the strength of the Galenic tradition in Islamic medicine appears to have allowed for a rational and noncondemnatory view of insanity.[99]

At the heart of the matter, Islam, in its high tradition (as distinct from ṣūfism), did not promote the doctrine of supernatural healing comparable to Christianity, nor did it possess a clergy empowered to perform exorcisms. From a different point of view, theodicy has played a very minor role in Islamic theology because of a quite different view from Christianity about the nature of human suffering—true pathology.[100] There was always a presumption of sin, however, in the chink of the Christian's baptismal armor, linking illness and sin. Madness, like other illnesses, was primarily a di-

[95] See *EI*², *s.v.* "Djinn" (MacDonald, Masse, Boratav, Nizami, and Voorhaeve); E. Zbinden, *Die Djinn des Islam und der altorientalische Geisterglaube* (Berne, 1953); Klein-Franke (note 19 above), 8–27.

[96] On the pre-Islamic belief in gaddê or jinn, see H. Drijvers, "The Persistence of Pagan Cults and Practices in Christian Syria," in *East of Byzantium: Syria and Armenia in the Formative Period*, Dumbarton Oaks Symposium, 1980 (Washington, D.C., 1982), 38 and n. 26. See also K. Opitz, *Die Medizin im Koran* (Stuttgart, 1906), 22 ff.

[97] D. Brandenburg, *Medizin und Magie: Heilkunde und Geheimlehre des islamischen Zeitalters* (Berlin, 1975), *passim*. See, for example, the early account of the demoniac boy and St. Pisentius, who casts out the jinn in pre-Islamic Egypt, *The Arabic Life of S. Pisentius*, ed. and trans. D. O'Leary, in PO, XXII, 397 ff.

[98] See Klein-Franke (note 19 above), chap. 4.

[99] Dols, "The Leper in Medieval Islamic Society" (note 51 above).

[100] G. E. von Grunebaum, "Observations on the Muslim Concept of Evil," *Studia Islamica* (hereafter *SI*), 31 (1980), 117–34; Georges C. Anawati, "La notion de 'peche originel' existe-t-elle dans l'Islam?" *SI*, 31 (1980), 29–40; W. Montgomery Watt, "Suffering in Sunnite Islam," *SI*, 30 (1979), 5–19; L. E. Goodman, "Themes of Theodicy in the Exegesis of the Qurʿān and the Book of Job," presented at the Second Annual Conference of the Center for Islamic-Judaic Studies: "Scripture in Muslim and Jewish Traditions," April 17–18, 1983.

vine punishment for the sinful Christian; it might also be considered a purgation for the sinner or a test for the saint.[101] Yet, no such scenario existed for the faithful Muslim. According to the Qur'ān, the blind, the lame, and the sick bear no blame or guilt (*ḥaraj*) for their afflictions.[102] In addition, another Qur'ānic verse enjoins a benign attitude to the insane: "Do not give to the incompetent [*sufahā'*] their property that God has assigned to you to manage; provide for them and clothe them out of it, and speak to them honorable words."[103]

In this study, I have devoted greater attention to the perceptions of insanity in Byzantine society and its care of the afflicted. Elsewhere I have described more fully the understanding of insanity and the status of the madman in Islamic society.[104] It may be sufficient to say that, like Byzantine society, there was a wide range of interpretations that allowed a broad diversity of treatments and a remarkable amount of personal freedom to the harmless madman. For example, as in Byzantine society, the *majdhūb*, or Muslim holy fool, was free to wander, testing other men's charity, if not their sanity.[105] The growth of ṣūfism in the later Middle Ages probably permitted an even wider latitude for abnormal behavior.

Yet, the development of ṣūfism throughout the Middle East from the eleventh century A.D. did not retard the establishment of *māristāns*. In fact, the advent of the Turks at this time marks the reinvigoration of Islamic learning. From the early thirteenth century A.D. the Turks created a number of hospitals in Asia Minor.[106] The Ottoman sultans constructed insane asylums from the fifteenth century, and they survived until the early twentieth century.[107] In the later Middle Ages, Islamic hospitals were founded in non-Turkish territories as well. They were increasingly devoted to the care of the insane, so that in Arabic, Persian, and Turkish, *bīmāristān* or *māristān* became synonymous with an insane asylum.

To recall, finally, our madman with the pomegranate, one might be tempted to see the incarceration of the insane in Islamic hospitals as an expression of communal intolerance or concealment. Michel Foucault has suggested this "garbage can" view of hospitalization in early modern Europe,[108] but this interpretation appears inapplicable to the Islamic institutions because of the nature of the hospitals and of medieval Islamic society generally.[109] Islamic hospitals were not intended to be "cruel and unusual punishment" but were a pragmatic solution to a difficult social responsibility. They resulted from a combination of religious charity and medical science, in which Islamic doctors were able to interpret their Galenic heritage quite literally and to consider insanity as a mundane affliction like all other illnesses.

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[101] Doob (note 7 above), 3–10, 54–58 *et passim*; MacMullen (note 69 above), 180 ff.

[102] Qur'ān 24:60. See A. J. Arberry, *The Koran Interpreted*, II (New York, 1955), 54. Cf. S. D. Goitein, *A Mediterranean Society*, IV (Berkeley, 1983), 144.

[103] Qur'ān 4:4. See Arberry (note 102 above), I, 100.

[104] Dols, *Majnūn: The Madman in Medieval Islamic Society*, forthcoming. See H. Schipperges, "Der Narr und sein Humanum im islamischen Mittelalter," *Gesnerus*, 18 (1961), 1–12. Insanity appears to have played a considerable role in Islamic literature generally; see, for example, an-Nīsābūrī, *'Uqalā' al-majānīn*, ed. W. F. al-Kaylānī (Cairo, 1924), and the brief study of this work by P. Loosen, "Die weisen Narren des Naisābūrī," *Zeitschrift für Assyriologie*, 27 (1912), 184–229. See also J. T. Monroe's treatment of the central story of the encounter in the asylum in "The Art of Badī' az-Zamān al-Hamadhānī as Picaresque Narrative," *Papers of the Center for Arab and Middle Eastern Studies (The American University of Beirut)*, 2 (1983), 1–176.

[105] *EI*[1], *s.v.* "Madjdhūb" (R. A. Nicholson); R. M. Eaton, *Sufis of Bijapur 1300–1700* (Princeton, 1978), 243–81, 288 f., and the healing of mental disorders at the saint's tomb, 295 f.; E. Lane, *The Manners and Customs of the Modern Egyptians* (London, 1966 rep.), 234 f.

[106] These structures do not appear to show a continuity with Byzantine institutions, but a reliance on Islamic precedents because of the destruction of the Byzantine cities by the Turks, the architectural form of the Turkish hospitals being distinctly Islamic (the *īwān* form), and the organization of their services, which included the care of the insane.

[107] A. Süheyl Ünver, "Sur l'histoire des hôpitaux en Turquie du moyen age jusqu'au XVII[e] siècle," *Comptes rendus du IX[e] cong. intern. hist. méd.* (Bucharest, 1932), 263–78; *idem*, "About the History of Leproseries in Turkey," *Max Neuburger Festschrift* (Vienna, 1948), 447–50; E. M. Atabek, "Un Hôpital fondé en 1217 par les turcs seldjoukides et son influence sur l'enseignement de la médecine: l'hôpital de Sivas," *Atti del Primo Congresso Europeo di Storia Ospitaliera (6–12 Giugno, 1960)* (Reggio Emilia, 1960), 26–37; K. I. Gurkan, "Les Hôpitaux des Turcs Seldjoukides," *Société française d'histoire des hôpitaux*, 26 (1971), 33–54.

[108] M. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. R. Howard (New York, 1973). See the trenchant criticism of this work by H. C. Erik Midelfort, "Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault," in *After the Reformation: Essays in Honor of J. H. Hexter*, ed. Barbara C. Malament (Philadelphia, 1980), 247–65.

[109] See M. G. S. Hodgson, *The Venture of Islam: Conscience and History in a World Civilization*, 3 vols. (Chicago, 1974); R. P. Mottahedeh, *Loyalty and Leadership in an Early Islamic Society* (Princeton, 1980); I. M. Lapidus, *Muslim Cities in the Later Middle Ages* (Cambridge, Mass., 1967); A. L. Udovitch, "Formalism and Informalism in the Social and Economic Institutions of the Medieval Islamic World," in *Individualism and Conformity in Classical Islam*, ed. A. Banani and S. Vryonis (Wiesbaden, 1977), 61–81; Dols, "The Leper in Medieval Islamic Society" (note 51 above), 914.